

NOTICE OF FORM CHANGE NO. 03-068

DATE

6/23/03**TO:**County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907☐ Community Care Licensing District Offices☐ District Attorney☐ Private and Public Adoption Agencies☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

CA 800 (FED) (5/03) Summary Report of Assistance Expenditures For California Work Opportunity and Responsibility to Kids (CalWORKs) - Federal-All Families/Zero Parent Families/TANF Timed-Out Families

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 5/03	REPLACES 7/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted		REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval <input type="checkbox"/> Recommended Form	

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788**☐ OTHER:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

☐ Use until exhausted☒ Destroy

USE NEW FORM

☐ When supply available in DSS Warehouse☒ Use new form effective immediately

USE FORM IN ACCORDANCE WITH

☐ All County Letter No.☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached are a Reproducible Copies

Check on the Internet to see if forms are available at www.dss.cahwnet.gov.For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) - FEDERAL-ALL FAMILIES/ZERO
PARENT FAMILIES/TANF TIMED-OUT FAMILIES**

(Instructions on Reverse Side of Form)

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ All Families ☐ Zero Parent Families ☐ TANF Timed-Out

AID PAYMENTS (AID CODES: 3P, 3R, 30, 32, 33)

SOURCE DOCUMENT

CURRENT MONTH

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. **Subtotal**
7. **Amount Payable with State and County Funds Only**
8. **Federal/State Share [(Lines 6 - 7) x 97.5%]**

PRIOR MONTH NEGATIVES

9. Prior Month Cancellation
10. Recoveries of Aid
11. Prior Month Negative Adjustments
12. **Subtotal**
13. **Amount Payable with State and County Funds Only**
14. **Federal/State Share [(Lines 12 - 13) x 97.5%]**

PRIOR MONTH POSITIVES

15. Prior Month Positive Adjustments
16. **Amount Payable with State and County Funds Only**
17. **Federal/Share [(Lines 15 - 16) x 97.5%]**

STATE ONLY FUNDS

18. Total Number of Federal Assistance Units
19. **Total amount Payable by State Funds Only
(Line 18 x \$1.00)**

GRAND TOTALS

A. Total Aid Paid (Lines 6 + 12 + 15)	B. Payable State/County Only (Lines 7 + 13 + 16)	B1. State Share [(Line 20B x .95) + Line 19] - (Line 19 x .95)	B2. County Share (Line 20B x .05) - (Line 19 x .05)	C. Fed/State Share (Lines 8 + 14 + 17)	D. Total County Share (Lines 20A - 20B - 20C + 20B2) MOE Countable
THPP	Total THPP Rate Increase	Federal Share THPP (Lines 21B x .95)	State Share THPP (Lines 21B - 21B1 x .40)	County Share THPP (Line 21B - 21B1 - 21B2)	

20.

21.

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families, Zero Parent Families, or TANF Timed-Out Families box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1 through Line 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5.
6. Line 6: Enter the subtotal from Lines 1 through 5.
7. Line 7: Enter the total amount of payments which are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
8. Line 8: Determine and enter the federal/state share of current month payments - [(Line 6 minus Line 7) times 97.5 % Sharing Ratio].

PRIOR MONTH NEGATIVES

9. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
10. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12: Enter the subtotal from Lines 9 through 11.
13. Line 13: Enter the total of all cash recovered, state and county only funds, in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
14. Line 14: Determine and enter the federal/state share of the negative adjustments - [(Line 12 minus Line 13) times 97.5% Sharing Ratio].

PRIOR MONTH POSITIVES

15. Line 15: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report. Required Detailed Support: Prior Month Positive Adjustment Report.
16. Line 16: Enter the total of all prior month adjustments that are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
17. Line 17: Determine and enter the federal/state share of positive adjustments [(Line 15 minus Line 16) times 97.5% Sharing Ratio].

STATE ONLY FUNDS

18. Line 18: Determine and enter the number of assistance units (AUs) represented in your total federal Persons Count (children and adults).
19. Line 19: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times Line 18.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

20. Line 20A: Enter the total aid payments (Lines 6 + 12 + 15).
21. Line 20B: Enter the total state and county only fund payments (Lines 7 + 13 + 16).
22. Line 20B1: Enter the total state share [(Line 20B x .95) + Line 19] - (Line 19 x .95).
23. Line 20B2: Enter the total county share (Line 20B x .05) - (Line 19 x .05).
24. Line 20C: Enter the total federal/state share (Lines 8 + 14 + 17).
25. Line 20D: Enter the total county share (Lines 20A - 20B - 20C + 20B2).

COMPUTE TOTALS FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)

26. Line 21B: Enter the total THPP rate increase paid reported on the Foster Care Payroll records or other automated payroll system.
(Back out those costs from the main payroll costs listed on Line 1)
27. Line 21B1: Enter the Federal share of costs (Lines 21B x .95).
28. Line 21B2: Enter the State share of costs (Lines 21B - 21B1 x .40).
29. Line 21C: Enter the County share of costs (Line 21B - 21B1 - 21B2).